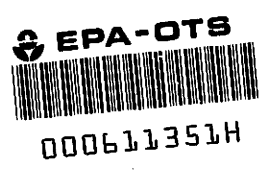


CONTAINS NO CBI



Form Approved
OMB No. 2010-0019
Approval Expires 12-31-89



90-890000565

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Comprehensive Assessment Information Rule
REPORTING FORM

89 JUL 31 PM 12:10
010-300-1111
Office

When completed, send this form to:

Document Processing Center
Office of Toxic Substances, TS-790
U.S. Environmental Protection Agency
401 M Street, SW
Washington, DC 20460
Attention: CAIR Reporting Office

For Agency Use Only:

Date of Receipt: _____

Document
Control Number: _____

Docket Number: _____

SECTION 1 GENERAL MANUFACTURER, IMPORTER, AND PROCESSOR INFORMATION

PART A GENERAL REPORTING INFORMATION

1.01 This Comprehensive Assessment Information Rule (CAIR) Reporting Form has been completed in response to the Federal Register Notice of..... [0]4 [1]0 [8]9
CBI mo. day year

☐ a. If a Chemical Abstracts Service Number (CAS No.) is provided in the Federal Register, list the CAS No. [] [] [] 5 8 4 - [8]4 - [9]

b. If a chemical substance CAS No. is not provided in the Federal Register, list either (i) the chemical name, (ii) the mixture name, or (iii) the trade name of the chemical substance as provided in the Federal Register.

(i) Chemical name as listed in the rule 2,4 - TOLUENE DIISOCYANATE

(ii) Name of mixture as listed in the rule N/A

(iii) Trade name as listed in the rule TDI

c. If a chemical category is provided in the Federal Register, report the name of the category as listed in the rule, the chemical substance CAS No. you are reporting on which falls under the listed category, and the chemical name of the substance you are reporting on which falls under the listed category.

Name of category as listed in the rule N/A

CAS No. of chemical substance [] [] [] 9 8 4 - [8]4 - [9]

Name of chemical substance 2,4 - TOLUENE DIISOCYANATE

1.02 Identify your reporting status under CAIR by circling the appropriate response(s).

CBI Manufacturer 1

☐ Importer 2

Processor (3)

X/P manufacturer reporting for customer who is a processor 4

X/P processor reporting for customer who is a processor 5

☐ Mark (X) this box if you attach a continuation sheet.

1.03 Does the substance you are reporting on have an "x/p" designation associated with it in the above-listed Federal Register Notice?

CBI

☐ Yes ☒ Go to question 1.04

☐ No ☐ Go to question 1.05

1.04 a. Do you manufacture, import, or process the listed substance and distribute it under a trade name(s) different than that listed in the Federal Register Notice? Circle the appropriate response.

CBI

☐ Yes 1

☐ No (2)

b. Check the appropriate box below:

☐ You have chosen to notify your customers of their reporting obligations

Provide the trade name(s)

☐ You have chosen to report for your customers

☐ You have submitted the trade name(s) to EPA one day after the effective date of the rule in the Federal Register Notice under which you are reporting.

1.05 If you buy a trade name product and are reporting because you were notified of your reporting requirements by your trade name supplier, provide that trade name.

CBI

☐ Trade name N/A

Is the trade name product a mixture? Circle the appropriate response.

Yes (1)

No 2

1.06 Certification -- The person who is responsible for the completion of this form must sign the certification statement below:

CBI

☐ "I hereby certify that, to the best of my knowledge and belief, all information entered on this form is complete and accurate."

Peter K. Jeikowski
NAME


SIGNATURE

7/25/09
DATE SIGNED

Industrial Engineer
TITLE

(817) 387 - 0585
TELEPHONE NO.

☐ Mark (X) this box if you attach a continuation sheet.

1.09 Facility Identification

1.10 Company Headquarters Identification

☐ Mark (X) this box if you attach a continuation sheet.

1.11 Parent Company Identification

CBI Name [E][a][g][l][e]-[P][i][c][h][e][r][I][n][d][u][s][t][r][i][e][s]
[] Address [5][8][0][W][a][l][l][n][u][t]/[P.][O.][B][o][x][7][7][9]
Street
[C][i][n][c][i][n][n][a][t][i]
City
[O][H] [4][5][2][0][1]--[][][]
State Zip
Dun & Bradstreet Number[0][0]-[4][2][3]-[2][8][7][2]

1.12 Technical Contact

CBI Name [G][l][e][n][R][u][s][s][e][l][l]
[] Title [S][y][s][t][e][m][s][E][n][g][i][n][e][e][r]
Address [1][5][0][0][I]-[3][5][W][e][s][t]
Street
[D][e][n][t][o][n]
City
[T][X] [7][6][2][0][1]--[][][]
State Zip
Telephone Number[8][1][7]-[3][8][7]-[0][5][8][5]

1.13 This reporting year is from [0][1] [8][8] to [1][2] [8][8]
Mo. Year Mo. Year

[] Mark (X) this box if you attach a continuation sheet.

1.16 For each classification listed below, state the quantity of the listed substance that was manufactured, imported, or processed at your facility during the reporting year.

CBI

<u>Classification</u>	<u>Quantity (kg/yr)</u>
Manufactured	N/A
Imported	N/A
Processed (include quantity repackaged)	135.0
Of that quantity manufactured or imported, report that quantity:	
In storage at the beginning of the reporting year	N/A
For on-site use or processing	N/A
For direct commercial distribution (including export)	N/A
In storage at the end of the reporting year	N/A
Of that quantity processed, report that quantity:	
In storage at the beginning of the reporting year	16.0
Processed as a reactant (chemical producer)	N/A
Processed as a formulation component (mixture producer)	N/A
Processed as an article component (article producer)	135.0
Repackaged (including export)	N/A
In storage at the end of the reporting year	15

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 1 GENERAL MANUFACTURER, IMPORTER, AND PROCESSOR INFORMATION

PART A GENERAL REPORTING INFORMATION

1.01 This Comprehensive Assessment Information Rule (CAIR) Reporting Form has been completed in response to the Federal Register Notice of..... [0][4] [1][0] [8][9]
CBI mo. day year

☐ a. If a Chemical Abstracts Service Number (CAS No.) is provided in the Federal Register, list the CAS No. [] [] [] [1][0][1] - [1][4] - [4]

b. If a chemical substance CAS No. is not provided in the Federal Register, list either (i) the chemical name, (ii) the mixture name, or (iii) the trade name of the chemical substance as provided in the Federal Register.

(i) Chemical name as listed in the rule N/A

(ii) Name of mixture as listed in the rule

(iii) Trade name as listed in the rule

c. If a chemical category is provided in the Federal Register, report the name of the category as listed in the rule, the chemical substance CAS No. you are reporting on which falls under the listed category, and the chemical name of the substance you are reporting on which falls under the listed category.

Name of category as listed in the rule N/A

CAS No. of chemical substance [] [] [] [1][0][1] - [1][4] - [4]

Name of chemical substance 4,4'-METHYLENEBIS
(2-CHLOROANILINE) MBOCA

1.02 Identify your reporting status under CAIR by circling the appropriate response(s).

CBI Manufacturer 1

☐ Importer 2

Processor (3)

X/P manufacturer reporting for customer who is a processor 4

X/P processor reporting for customer who is a processor 5

☐ Mark (X) this box if you attach a continuation sheet.

1.03 Does the substance you are reporting on have an "x/p" designation associated with it in the above-listed Federal Register Notice?

CBI

☐ Yes ☒ Go to question 1.04

☐ No ☐ Go to question 1.05

1.04 a. Do you manufacture, import, or process the listed substance and distribute it under a trade name(s) different than that listed in the Federal Register Notice? Circle the appropriate response.

CBI

☐ Yes 1

☒ (No) (2)

b. Check the appropriate box below:

☐ You have chosen to notify your customers of their reporting obligations

Provide the trade name(s)

☐ You have chosen to report for your customers

☐ You have submitted the trade name(s) to EPA one day after the effective date of the rule in the Federal Register Notice under which you are reporting.

1.05 If you buy a trade name product and are reporting because you were notified of your reporting requirements by your trade name supplier, provide that trade name.

CBI

☐ Trade name N/A

☐ Is the trade name product a mixture? Circle the appropriate response.

Yes (1)

No 2

1.06 Certification -- The person who is responsible for the completion of this form must sign the certification statement below:

CBI

☐ "I hereby certify that, to the best of my knowledge and belief, all information entered on this form is complete and accurate."

Peter K. Jeikowski

NAME

SIGNATURE

7/25/09

DATE SIGNED

Industrial Engineer

TITLE

(817)

387 - 0585

TELEPHONE NO.

☐ Mark (X) this box if you attach a continuation sheet.

1.09 Facility Identification

[illegible]

Denton _____ City

TX 76201--
State Zip

Dun & Bradstreet Number $[\overline{0}][\overline{0}] - [\overline{4}][\overline{9}][\overline{5}] - [\overline{8}][\overline{1}][\overline{1}][\overline{2}]$

EPA ID NumberTXD...[0][6][2][8][6][1][4][5][5]

Employer ID Number[N]/[A][][][][][][][][]

Primary Standard Industrial Classification (SIC) Code[3][0][6][9]

Other SIC Code[N]/[A]

Other SIC Code[N]/A]

1.10 Company Headquarters Identification

[illegible]

City

--
State Zip

Dun & Bradstreet Number[]-[]-[]

Employer ID Number[][][][][][][][]

6

CBI Name [E][a][g][l][e]-[P][i][c][h][e][r]-[I][n][d][u][s][t][r][i][e][s]
[] Address [5][8][0]-[W][a][l][l][n][u][t]/[P].[][O].[][B][o][x]-[7][7][9]
Street
[C][i][n][c][i][n][n][a][t][i]
City
[O][H] [4][5][2][0][1]--[][][][]
State Zip
Dun & Bradstreet Number[0][0]-[4][2][3]-[2][8][7][2]

CBI Name [G][l][e][n] [R][u][s][s][e][l][l] [] [] [] [] [] [] [] [] [] [] [] [] [] []
[] Title [S][y][s][t][e][m][s] [E][n][g][i][n][e][e][r] [] [] [] [] [] [] [] [] [] [] [] [] [] []
Address [1][5][0][0] [I]-[3][5] [W][e][s][t] [] [] [] [] [] [] [] [] [] [] [] [] [] []
 Street

 [D][e][n][t][o][n] [] [] [] [] [] [] [] [] [] [] [] [] [] []
 City

 [T][X] [7][6][2][0][1]--[][][][]
 State Zip

Telephone Number [8][1][7]-[3][8][7]-[0][5][8][5]

☐ Mark (X) this box if you attach a continuation sheet.

1.16 For each classification listed below, state the quantity of the listed substance that was manufactured, imported, or processed at your facility during the reporting year.

CBI

☐

Classification

Quantity (kg/yr)

Manufactured N/A

Imported N/A

Processed (include quantity repackaged) 5880

Of that quantity manufactured or imported, report that quantity:

In storage at the beginning of the reporting year N/A

For on-site use or processing N/A

For direct commercial distribution (including export) N/A

In storage at the end of the reporting year N/A

Of that quantity processed, report that quantity:

In storage at the beginning of the reporting year 545.5

Processed as a reactant (chemical producer) N/A

Processed as a formulation component (mixture producer) N/A

Processed as an article component (article producer) 5880

Repackaged (including export) N/A

In storage at the end of the reporting year 705

☐ Mark (X) this box if you attach a continuation sheet.

PART C IDENTIFICATION OF MIXTURES

1.17 Mixture -- If the listed substance on which you are required to report is a mixture or a component of a mixture, provide the following information for each component chemical. (If the mixture composition is variable, report an average percentage of each component chemical for all formulations.)

CBI

☐

Component Name	Supplier Name	Average % Composition by Weight (specify precision, e.g., 45% \pm 0.5%)
4,4'-METHYLENEBIS	N/A	97.5 - 99.0
(2-CHLOROANILINE)	-	-
2-CHLOROANILINE	N/A	1.0 - 2.5
		Total 100%

☐ Mark (X) this box if you attach a continuation sheet.

PART A EMPLOYMENT AND POTENTIAL EXPOSURE PROFILE

9.01 Mark (X) the appropriate column to indicate whether your company maintains records on the following data elements for hourly and salaried workers. Specify for each data element the year in which you began maintaining records and the number of years the records for that data element are maintained. (Refer to the instructions for further explanation and an example.)

CBI

☐

Data Element	Data are Maintained for:		Year in Which Data Collection Began	Number of Years Records Are Maintained
	Hourly Workers	Salaried Workers		
Date of hire	X	X	1974	30
Age at hire	X	X	1974	30
Work history of individual before employment at your facility	X	X	1974	30
Sex	X	X	1974	30
Race				
Job titles		X	1974	30
Start date for each job title		X	1974	30
End date for each job title		X	1974	30
Work area industrial hygiene monitoring data				
Personal employee monitoring data				
Employee medical history		X	1983	30
Employee smoking history				
Accident history		X	1974	30
Retirement date		X	1974	30
Termination date		X	1974	30
Vital status of retirees				
Cause of death data				

☐ Mark (X) this box if you attach a continuation sheet.

9.03 Provide a descriptive job title for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance.

CBI

☐

Labor Category

Descriptive Job Title

A

CASTING FOREMAN

B

CASTING TECHNICIANS

C

D

E

F

G

H

I

J

☐ Mark (X) this box if you attach a continuation sheet.

9.06 Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type MACHINE MIXING

Work area CASTING DEPARTMENT

Labor Category	Number of Workers Exposed	Mode of Exposure (e.g., direct skin contact)	Physical State of Listed Substance ¹	Average Length of Exposure Per Day ²	Number of Days per Year Exposed
A	1	INDIRECT	SO	C	5
B	3-10	INDIRECT	SO	C	5

¹Use the following codes to designate the physical state of the listed substance at the point of exposure:

GC = Gas (condensable at ambient temperature and pressure)
 GU = Gas (uncondensable at ambient temperature and pressure; includes fumes, vapors, etc.)
 SO = Solid

SY = Sludge or slurry
 AL = Aqueous liquid
 OL = Organic liquid
 IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

²Use the following codes to designate average length of exposure per day:

A = 15 minutes or less
 B = Greater than 15 minutes, but not exceeding 1 hour
 C = Greater than one hour, but not exceeding 2 hours

D = Greater than 2 hours, but not exceeding 4 hours
 E = Greater than 4 hours, but not exceeding 8 hours
 F = Greater than 8 hours

☐ Mark (X) this box if you attach a continuation sheet.

PART B WORK PLACE MONITORING PROGRAM

9.08 If you monitor worker exposure to the listed substance, complete the following table.

CBI

☐

<u>Sample/Test</u>	<u>Work Area ID</u>	<u>Testing Frequency (per year)</u>	<u>Number of Samples (per test)</u>	<u>Who Samples¹</u>	<u>Analyzed In-House (Y/N)</u>	<u>Number of Years Records Maintained</u>
Personal breathing zone						
General work area (air)						
Wipe samples						
Adhesive patches						
Blood samples	X	1	1	D	N	30
Urine samples	X	4	1	D	N	30
Respiratory samples						
Allergy tests						
Other (specify)						
Other (specify)						
Other (specify)						

¹Use the following codes to designate who takes the monitoring samples:

A = Plant industrial hygienist

B = Insurance carrier

C = OSHA consultant

D = Other (specify) HEALTH EVALUATION PROGRAM

☐ Mark (X) this box if you attach a continuation sheet.

PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type MACHINE MIXING

Work area

<u>Engineering Controls</u>	<u>Used (Y/N)</u>	<u>Year Installed</u>	<u>Upgraded (Y/N)</u>	<u>Year Upgraded</u>
Ventilation:				
Local exhaust	<u>YES</u>	<u>1980</u>	<u>NO</u>	<u>-</u>
General dilution	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Other (specify)	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Vessel emission controls	<u>YES</u>	<u>1980</u>	<u>NO</u>	<u>-</u>
Mechanical loading or packaging equipment	<u>NO</u>	<u>-</u>	<u>-</u>	<u>-</u>
Other (specify)	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u>"N/A"</u>	<u> </u>	<u> </u>	<u> </u>

☐ Mark (X) this box if you attach a continuation sheet.

9.15 If workers use respirators when working with the listed substance, specify for each process type, the work areas where the respirators are used, the type of respirators used, the average usage, whether or not the respirators were fit tested, and the type and frequency of the fit tests. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type LOADING MBOCA INTO KETTLE

Work Area	Respirator Type	Average Usage ¹	Fit Tested (Y/N)	Type of Fit Test ²	Frequency of Fit Tests (per year)
<u>CAST</u>	<u>SCBA</u>	<u>B</u>	<u>Y</u>	<u>QL</u>	<u>1</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

¹Use the following codes to designate average usage:

A = Daily
B = Weekly
C = Monthly
D = Once a year
E = Other (specify) _____

²Use the following codes to designate the type of fit test:

QL = Qualitative
QT = Quantitative

☐ Mark (X) this box if you attach a continuation sheet.

0

CBI

[]

Component
Name

"LIK"

Supplier
Name

Average %
Composition by Weight
(specify precision,
e.g., 45% \pm 0.5%)

"UK"

Total	100%
-------	------

☐ Mark (X) this box if you attach a continuation sheet.

2.04 State the quantity of the listed substance that your facility manufactured, imported, or processed during the 3 corporate fiscal years preceding the reporting year in descending order.

CBI

"NOT REQUIRED"

☐ Year ending ☐ ☐ ☐ ☐
Mo. Year

Quantity manufactured kg

Quantity imported kg

Quantity processed kg

Year ending ☐ ☐ ☐ ☐
Mo. Year

Quantity manufactured kg

Quantity imported kg

Quantity processed kg

Year ending ☐ ☐ ☐ ☐
Mo. Year

Quantity manufactured kg

Quantity imported kg

Quantity processed kg

2.05 Specify the manner in which you manufactured the listed substance. Circle all appropriate process types.

CBI

☐ Continuous process "N/A" 1

Semicontinuous process 2

Batch process 3

☐ Mark (X) this box if you attach a continuation sheet.

2.06 Specify the manner in which you processed the listed substance. Circle all appropriate process types.

☐

Continuous process 1

Semicontinuous process 2

Batch process 3

2.07 State your facility's name-plate capacity for manufacturing or processing the listed substance. (If you are a batch manufacturer or batch processor, do not answer this question.)

☐

Manufacturing capacity "WE ARE A BATCH PROCESSOR" kg/yr

Processing capacity kg/yr

2.08 If you intend to increase or decrease the quantity of the listed substance manufactured, imported, or processed at any time after your current corporate fiscal year, estimate the increase or decrease based upon the reporting year's production volume.

"NOT REQUIRED"

☐

Manufacturing
Quantity (kg)

Importing
Quantity (kg)

Processing
Quantity (kg)

Amount of increase

Amount of decrease

☐ Mark (X) this box if you attach a continuation sheet.

- 2.11 Related Product Types -- List any byproducts, coproducts, or impurities present with the listed substance in concentrations greater than 0.1 percent as it is manufactured, imported, or processed. The source of byproducts, coproducts, or impurities means the source from which the byproducts, coproducts, or impurities are made or introduced into the product (e.g., carryover from raw material, reaction product, etc.).

CBI

☐

<u>CAS No.</u>	<u>Chemical Name</u>	<u>Byproduct, Coproduct or Impurity¹</u>	<u>Concentration (%) (specify \pm % precision)</u>	<u>Source of By-products, Coproducts, or Impurities</u>
"UK"				

¹Use the following codes to designate byproduct, coproduct, or impurity:

B = Byproduct
C = Coproduct
I = Impurity

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 4 PHYSICAL/CHEMICAL PROPERTIES

General Instructions:

If you are reporting on a mixture as defined in the glossary, reply to questions in Section 4 that are inappropriate to mixtures by stating "NA -- mixture."

For questions 4.06-4.15, if you possess any hazard warning statement, label, MSDS, or other notice that addresses the information requested, you may submit a copy or reasonable facsimile in lieu of answering those questions which it addresses.

PART A PHYSICAL/CHEMICAL DATA SUMMARY

- 4.01 Specify the percent purity for the three major¹ technical grade(s) of the listed substance as it is manufactured, imported, or processed. Measure the purity of the substance in the final product form for manufacturing activities, at the time you import the substance, or at the point you begin to process the substance.

CBI

☐

	<u>Manufacture</u>	<u>Import</u>	<u>Process</u>
Technical grade #1	<u>"N/A"</u> % purity	<u> </u> % purity	<u> </u> % purity
Technical grade #2	<u> </u> % purity	<u> </u> % purity	<u> </u> % purity
Technical grade #3	<u> </u> % purity	<u> </u> % purity	<u> </u> % purity

¹Major = Greatest quantity of listed substance manufactured, imported or processed.

- 4.02 Submit your most recently updated Material Safety Data Sheet (MSDS) for the listed substance, and for every formulation containing the listed substance. If you possess an MSDS that you developed and an MSDS developed by a different source, submit your version. Indicate whether at least one MSDS has been submitted by circling the appropriate response.

"NOT REQUIRED"

Yes 1

No 2

Indicate whether the MSDS was developed by your company or by a different source.

Your company 1

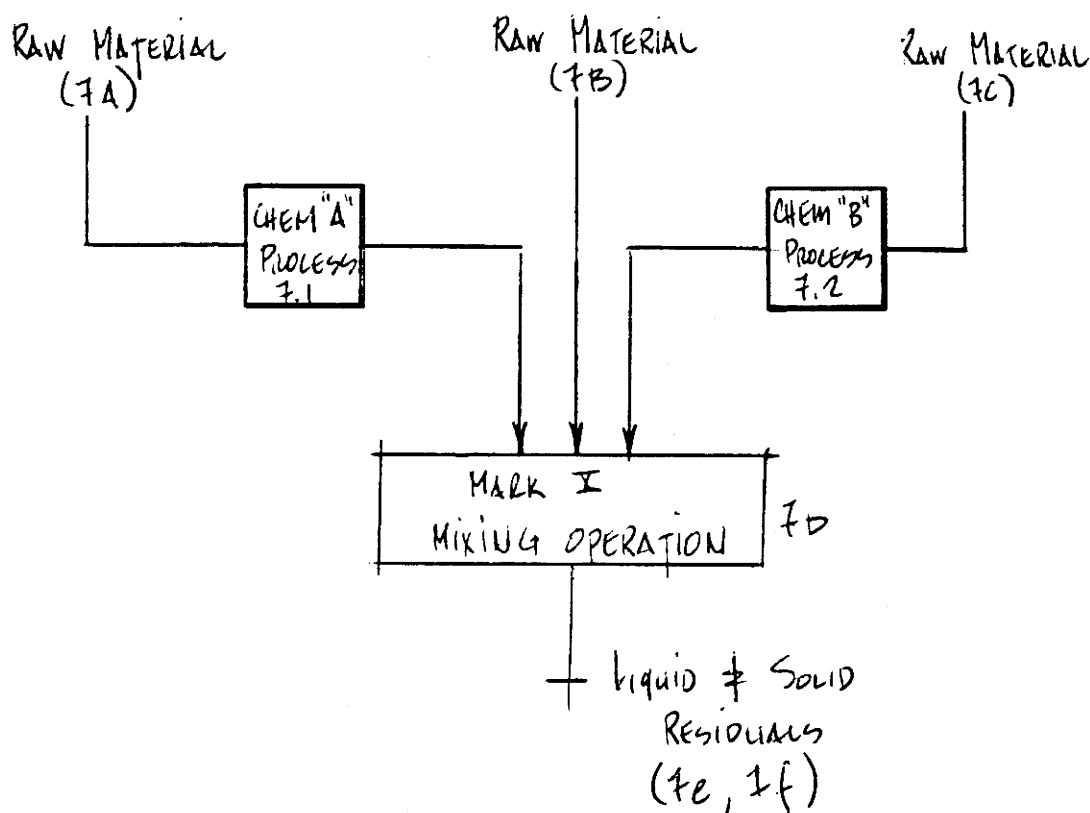
Another source 2

☐ Mark (X) this box if you attach a continuation sheet.

7.03 In accordance with the instructions, provide a process block flow diagram showing all process emission streams and emission points that contain the listed substance and which, if combined, would total at least 90 percent of all facility emissions if not treated before emission into the environment. If all such emissions are released from one process type, provide a process block flow diagram using the instructions for question 7.01. If all such emissions are released from more than one process type, provide a process block flow diagram showing each process type as a separate block.

CBI

☐ Process type MARK X POLYURETHANE - AUTOMATIC BLENDING SYSTEM



☐ Mark (X) this box if you attach a continuation sheet.

7.04 Describe the typical equipment types for each unit operation identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type POLYURETHANE MIXING OPERATION

<u>Unit Operation ID Number</u>	<u>Typical Equipment Type</u>	<u>Operating Temperature Range (°C)</u>	<u>Operating Pressure Range (mm Hg)</u>	<u>Vessel Composition</u>
<u>7.1</u>	<u>HEATING KETTLE</u>	<u>71°C</u>	<u>5.171</u>	<u>STAINLESS STEEL</u>
<u>7.2</u>	<u>HEATING KETTLE</u>	<u>88°C</u>	<u>12.93</u>	<u>ALUMINUM</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

☐ Mark (X) this box if you attach a continuation sheet.

7.05 Describe each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type POLYURETHANE MIXING OPERATION

<u>Process Stream ID Code</u>	<u>Process Stream Description</u>	<u>Physical State¹</u>	<u>Stream Flow (kg/yr)</u>
<u>7A</u>	<u>BENZENE, 2,4 DIISOCYANATE</u>	<u>SO</u>	<u> </u>
<u>7B</u>	<u>PIGMENTS</u>	<u>OL</u>	<u>820</u>
<u>7C</u>	<u>MBOCA</u>	<u>SO</u>	<u>2290</u>
<u>7E</u>	<u>REACTED POLYURETHANE</u>	<u>SY/SO</u>	<u> </u>
<u>7F</u>	<u>DBE PURGING</u>	<u>(20% SOLID)</u> <u>IL (80% DBE)</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

¹Use the following codes to designate the physical state for each process stream:

GC = Gas (condensable at ambient temperature and pressure)
 GU = Gas (uncondensable at ambient temperature and pressure)
 SO = Solid
 SY = Sludge or slurry
 AL = Aqueous liquid
 OL = Organic liquid
 IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

☐ Mark (X) this box if you attach a continuation sheet.

7.06 Characterize each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the CBI instructions for further explanation and an example.)

☐ Process type POLYURETHANE MIXING OPERATION

a.	b.	c.	d.	e.
Process Stream ID Code	Known Compounds ¹	Concentrations ^{2,3} (% or ppm)	Other Expected Compounds	Estimated Concentrations (% or ppm)
7E	DBE PURGING	95% (E)	N/A	
	POLYURETHANE WASTE	5% (E)	N/A	
7F	POLYURETHANE	100% (E)	N/A	

7.06 continued below

☐ Mark (X) this box if you attach a continuation sheet.

7.06 (continued)

¹For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column b. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
1	"N/A"	
2		
3		
4		
5		

²Use the following codes to designate how the concentration was determined:

A = Analytical result

E = Engineering judgement/calculation

³Use the following codes to designate how the concentration was measured:

V = Volume

W = Weight

☐ Mark (X) this box if you attach a continuation sheet.

10.02 Specify the exact location of your facility (from central point where process unit is located) in terms of latitude and longitude or Universal Transverse Mercader (UTM) coordinates.

Latitude 331 ° 20 ' 10 "

Longitude 097 ° 10 ' 00 "

UTM coordinates Zone UK , Northing , Easting

10.03 If you monitor meteorological conditions in the vicinity of your facility, provide the following information.

Average annual precipitation 25 - 30 inches/year

Predominant wind direction SE

10.04 Indicate the depth to groundwater below your facility.

Depth to groundwater 15 meters

10.05 For each on-site activity listed, indicate (Y/N/NA) all routine releases of the listed substance to the environment. (Refer to the instructions for a definition of CBI Y, N, and NA.)

☐

On-Site Activity

Environmental Release

Air

Water

Land

Manufacturing

Importing

Processing

Otherwise used

Product or residual storage

Disposal

Transport

Y

N

N

☐ Mark (X) this box if you attach a continuation sheet.

10.06 Provide the following information for the listed substance and specify the level of precision for each item. (Refer to the instructions for further explanation and an example.)

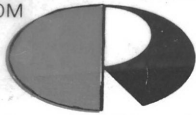
CBI

☐

Quantity discharged to the air	<u>200</u>	kg/yr ± <u>10</u> %
Quantity discharged in wastewaters	<u>0</u>	kg/yr ± <u> </u> %
Quantity managed as other waste in on-site treatment, storage, or disposal units	<u>N/A</u>	kg/yr ± <u> </u> %
Quantity managed as other waste in off-site treatment, storage, or disposal units	<u>3300</u>	kg/yr ± <u>15</u> %

☐ Mark (X) this box if you attach a continuation sheet.

FROM



ORTHANE DIVISION

OF OHIO RUBBER COMPANY - AN EAGLE-PICHER INDUSTRY

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